



DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

INCORPORATION OF EXOGENOUS LACTIC BACTERIA INTO THE ORAL MICROFLORA

and for which a patent application identified as PENNIE & EDMONDS LLP Docket No. 8265-406-999 was filed on February 9, 2001 and is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
98202707.0	Europe	12/08/98	YES NO
			YES NO
			YES NO

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
PCT/EP99/05473	July 26, 1999		✓	

* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME NEESER	FIRST NAME Jean-Richard	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Savigny	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET 6, Sentier de Courtaraye	CITY Savigny	STATE OR COUNTRY Switzerland	ZIP CODE CH-1073
	SIGNATURE OF INVENTOR 201			DATE March - 16 - 2001	
2 0 2	FULL NAME OF INVENTOR	LAST NAME GUGGENHEIM	FIRST NAME Bernhard	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Erlenbach	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET Laubholzstrasse 65	CITY Erlenbach	STATE OR COUNTRY Switzerland	ZIP CODE CH-8703
	SIGNATURE OF INVENTOR 202			DATE 20.02.2001	
2 0 3	FULL NAME OF INVENTOR	LAST NAME COMELLI	FIRST NAME Elena-Maria	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Lausanne	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET 8, chemin de Montmeillan	CITY Lausanne	STATE OR COUNTRY Switzerland	ZIP CODE CH-1005
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME STINGELE	FIRST NAME Francesca	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Lausanne	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	STREET Route du Signal 10	CITY Lausanne	STATE OR COUNTRY Switzerland	ZIP CODE CH-1018
	SIGNATURE OF INVENTOR 204			DATE 09. July 2001	
2 0 5	FULL NAME OF INVENTOR	LAST NAME COCCONCELLI	FIRST NAME Pier	MIDDLE NAME Sandro	
	RESIDENCE & CITIZENSHIP	CITY Piacenza	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy	
	POST OFFICE ADDRESS	STREET Istituto di Microbiologia Uni. Cattolica del Sacro Cuore Via Emilia Parmense, 84	CITY Piacenza	STATE OR COUNTRY Italy	ZIP CODE I-29100
	SIGNATURE OF INVENTOR 205			DATE	

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	POST OFFICE ADDRESS	STREET 8, chemin de Montmeillan	CITY Lausanne	STATE OR COUNTRY Switzerland	ZIP CODE CH-1005
	SIGNATURE OF INVENTOR 203 <i>Elena Maria Comelli</i>			DATE July, 05. 01	
2 0 4	FULL NAME OF INVENTOR	LAST NAME STINGELE	FIRST NAME Francesca	MIDDLE NAME	
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	SIGNATURE OF INVENTOR 205 <i>X P. Comelli</i>			DATE <i>X 18 July 2001</i>	